## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07/30/07</u>	Address:	C.R. 700 E. and 1100 S.	
Case #:	<u>16-17435</u>		Galveston, Indiana	
County:	Cass			
Type of Laboratory Seizure (check one) Seiz		Seizure Location (	ure Location (check all that apply)	
	ional Lab cal/Glassware/Equipment (only) site (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Ffammable Solvents:   Water Reactive Metal (Lithium): battery strips/ open no structure   Anhydrous Ammonia:   Hydrochloric Acid Gas Generator(s):   Corrosive Acid:   Corrosive Base:				
☐ Yes _ ☑ No *If yes, fax re	er age 18 discovered (check one) (number present) eport to Child Protective Services et is to be faxed to the following agen	☐ Ephedrine ☐ Retail/Me ☐ Other:		
	tment: Galveston VFD			
Health Department: Cass County Child Protection Service: N/A		Fax: <u>574-6</u> Fax: <u>574-7</u> Fax: <u>N/A</u>		
Investigatir		ne <u>765-473-6666</u>		
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department				

listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.